

Request for New I-20 ____ or DS-2019 ____

Name _____, _____ Date of Birth _____
Family name First name
SEVIS ID _____ Current Document Expiration Date _____

Purpose of the request:

_____ Extension _____
_____ Add Dependent(s) _____
_____ Change of Program _____
_____ Financial Update _____
_____ Other _____

Date of Most Recent Arrival to U.S. _____ Admission (I-94) # _____
Social Security Number _____
Country of Birth _____ Country of Citizenship _____

Traveling outside of the U.S.? ____ If yes, what is your expected date of travel? _____

Are you married? ____ Number of children ____ Do your dependents currently live in the U.S.? ____

Dependent Information: (Dependents born in the United States do not need to be listed)

Family Name,	First Name	Birth Country	Citizenship Country	DOB	Relationship	Gender
(and Birth City if J visa)						

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Department of Study: _____ Degree Sought: _____ Expected Graduation Date: _____

Number of credit hours enrolled this semester? _____

Number of credit hours you will take NEXT semester? _____

Source of support: Family/Self _____ Case _____ Government _____ Employer _____

Note: Departmentally funded students must submit a new letter from your department indicating your funding for one year of study (tuition + stipend). Personally/Family funded students must submit a current bank statement. **Total Funding = tuition + living expenses + dependent expenses**

Student living expenses: \$12,100 Dependent expenses: **Spouse \$6,000 Child \$3,000**

Current Address: _____

Overseas Address: _____

I certify that the information on this request form is complete and accurate.

Signature: _____ Date _____ email: _____